

Application Approved for Issuance by

		COUNTY USE ONLY					
			Permit #				
Receipt #							
SITE INFORMATION							
Site Address					Township		
Parcel ID #							
APPLICANT/CONTRACTOR INFORMATION							
Applicant/Contractor Name				License Number			
Contact Person	Email						
Address	City			State		Zip	
Cell Phone	Phone			Fax			
PROPERTY OWNER INFORMATION							
Name	Email			Phone	Phone		
Address	City			State		Zip	
RESIDENTIAL					ı		
Type of Work		Permit	Fee	State Surcharge		Total	
Reroof		\$85.	00	\$1.00			
Reside		\$85.	00	\$1.00			
Windows/DoorsOnly when changing opening size)			00	\$1.00			
P					nit Tota	1	
Applicant hereby agrees that, upon issuance of this with all applicable township, city and county ordina structure for its permitted use. Furthermore, every permit issued shall become invafter its issuance, or if the work authorized by the work is commenced. The County reserves the right due upon receipt of invoice.	valid unless the permit is susp	olicant agro ne work au pended or	ees to abida outhorized back abandoned	e by all zonin y the permit d for a period	g regul is com d of 18	lations and to utilize this nmenced within 180 days 0 days after the time the	
Signature of Applicant					Date		
Printed Name of Applicant							

Date